

TREE REMOVAL APPLICATION

Date: _____

Owner: _____

Phone: _____

Mailing Address: _____ Zip: _____

Contractor: _____

Phone: _____

Mailing Address: _____ Zip: _____

Please complete the following information regarding your property and the tree(s) in question:

If a commercial property or vacant lot, have plans been approved by Building & Zoning Department to begin construction? Yes___ No ___

Street address of property _____

Type & number of tree(s) _____

Location (rear, east side, etc.) _____

Reason for removal _____

If the property is very large and/or has many trees on it and/or you are requesting the removal of more than two trees, please submit a site plan (sketch) illustrating exactly which are the subject tree(s).

I hereby make application for the removal of the aforementioned tree(s) and agree to abide by all regulations of the City of North Miami as well as the recommendation(s) set forth below:

Owner/Contractor Signature

RECOMMENDATION:

Zoning Official

Permit Fee \$ _____